

Table of contents (red boxes indicate links)

| | |
|---------------------------|------------|
| Introduction | iii |
|---------------------------|------------|

Sections

| | |
|---|-----------|
| 1 Medicare beneficiary demographics | 1 |
| 1-1 Medicare population and expenditures, by source of eligibility, 2000..... | 3 |
| 1-2 Medicare population and expenditures, by age group, 2000..... | 4 |
| 1-3 Medicare population and expenditures, by self-reported health status, 2000..... | 5 |
| 1-4 Historical and projected trends in the number of Medicare beneficiaries, by source of eligibility, 1970–2030..... | 6 |
| 1-5 Number of people reaching 65 years of age, 1940–2079..... | 7 |
| 1-6 Characteristics of the noninstitutionalized Medicare population, 2000..... | 8 |
| 1-7 Demographic characteristics of the noninstitutionalized Medicare population, by rural and urban residence, 2000..... | 9 |
| 1-8 Self-reported health status of Medicare beneficiaries, by Medicaid status, 2000..... | 10 |
| 1-9 Distribution of Medicare enrollees, by eligibility and functional status, 2000..... | 11 |
| 1-10 Medicare beneficiaries' self-reported diseases and chronic conditions, by gender, 2000..... | 12 |
| Web links..... | 13 |
| 2 Quality of care in the Medicare program | 15 |
| 2-1 Summary of Medicare quality indicators for hospital inpatient services, 1998–2001..... | 17 |
| 2-2 Summary of Medicare quality indicators for ambulatory care, 1998–2001..... | 18 |
| 2-3 Clinical performance indicators for dialysis, 1996–2001..... | 19 |
| 2-4 Beneficiaries' satisfaction with their care in fee-for-service and Medicare+Choice, 2001..... | 20 |
| 2-5 States' adjusted service use and quality of care, 2000..... | 21 |
| Web links..... | 22 |
| 3 Access to care in the Medicare program | 23 |
| 3-1 Noninstitutionalized Medicare beneficiaries reporting access problems, 1991–2000..... | 25 |
| 3-2 Medicare beneficiaries age 65 and older reporting access problems, 2000..... | 26 |
| 3-3 Medicare beneficiaries reporting financial barriers to care, by age and sex, 2002..... | 27 |
| 3-4 Reports of access to urgent care, by age, 2000..... | 28 |
| 3-5 Physicians accepting some or all-new patients, by type of insurance, 1999 and 2002..... | 29 |
| 3-6 Medicare beneficiaries' usual source of care, by race, 2000..... | 30 |
| 3-7 Medicare beneficiaries reporting financial barriers to care, by sociodemographic characteristics and insurance status, 1999..... | 31 |
| 3-8 Use of preventive services: Medicare beneficiaries who received influenza shots, by race, 1992–2000..... | 32 |
| 3-9 Use of preventive services: female beneficiaries who received mammograms, by race, 1992–2000..... | 33 |
| Web links..... | 34 |

| | | |
|----------|---|-----------|
| 4 | Medicare beneficiary and other payer financial liability | 35 |
| 4-1 | Sources of supplemental coverage among noninstitutionalized Medicare beneficiaries, 2000 | 37 |
| 4-2 | Sources of supplemental coverage among noninstitutionalized Medicare beneficiaries, by beneficiaries' characteristics, 2000 | 38 |
| 4-3 | Total spending on health care services among noninstitutionalized FFS Medicare beneficiaries, by source of payment, 2000 | 39 |
| 4-4 | Per capital total spending on health care services among noninstitutionalized FFS beneficiaries, by source of payment, 2000 | 40 |
| 4-5 | Variation in and composition of total spending among noninstitutionalized FFS beneficiaries, by type of supplemental coverage, 2000 | 41 |
| 4-6 | Categories of out-of-pocket spending among noninstitutionalized FFS beneficiaries, 2000 | 42 |
| 4-7 | Sources of change in out-of-pocket spending among noninstitutionalized FFS beneficiaries, 1993–2000 | 43 |
| 4-8 | Out-of-pocket spending among noninstitutionalized FFS beneficiaries, by out-of-pocket spending level, 2000 | 44 |
| 4-9 | Out-of-pocket spending among noninstitutionalized FFS beneficiaries, by type of supplemental coverage, 2000 | 45 |
| 4-10 | Self-reported access to care for community-dwelling beneficiaries, by source of supplemental coverage, 2000 | 46 |
| 4-11 | Out-of-pocket spending for premiums and health services per beneficiary, by insurance and health status, 2000 | 47 |
| | Web links | 48 |
| 5 | National health care and Medicare spending | 49 |
| 5-1 | National spending for personal health care, by payment source, 2001 | 51 |
| 5-2 | National spending for personal health care, by setting and payment source, 2001 | 52 |
| 5-3 | Personal health spending as share of GDP, 1980–2001 | 53 |
| 5-4 | Medicare spending as share of GDP, 1980–2075 | 54 |
| 5-5 | Real change in spending per enrollee, Medicare and PHI, 1968–2001 | 55 |
| 5-6 | Total Medicare spending, fiscal years 1980–2013 | 56 |
| 5-7 | Change in distribution of Medicare spending, by setting, fiscal years 1992 and 2002 | 57 |
| 5-8 | Distribution of Medicare fee-for-service spending among beneficiaries, 1995–1999 | 58 |
| 5-9 | Medicare HI trust fund solvency projections | 59 |
| 5-10 | Medicare fee-for-service providers: spending, supply and projected growth rates | 60 |
| | Web links | 61 |
| 6 | Acute inpatient service | 63 |
| | Short-term hospitals | |
| 6-1 | Cumulative change in Medicare hospital inpatient and outpatient spending, fiscal years 1992–2001 | 65 |
| 6-2 | Diagnosis related groups: discharges in highest volume DRGs, fiscal year 2002 | 66 |
| 6-3 | Hospital and Medicare discharges, by hospital group, 2001 | 67 |
| 6-4 | Cumulative change in Medicare, Medicaid, and total hospital admissions, 1990–2001 | 68 |
| 6-5 | Cumulative change in total admissions and total outpatient visits, 1990–2001 | 69 |

| | | |
|----------|---|------------|
| 6-6 | Cumulative change in length of stay for Medicare, Medicaid, and total hospital inpatients, 1990–2001..... | 70 |
| 6-7 | Cumulative change in Medicare inpatient days per beneficiary and discharges per beneficiary, 1990–1999..... | 71 |
| 6-8 | Simulated Medicare inpatient payments, by component and hospital group, 2003 policy and 2001 discharge volume..... | 72 |
| 6-9 | Composition of the hospital market basket..... | 73 |
| 6-10 | Cumulative change in Medicare hospital PPS inpatient payments and costs per case, hospital market basket index, and PPS operating update, 1990–2000..... | 74 |
| 6-11 | Medicare inpatient margins, 1991–2000..... | 75 |
| 6-12 | Medicare inpatient margins, by urban and rural location, 1991–2000..... | 76 |
| 6-13 | Medicare inpatient margins, by teaching status, 1991–2000..... | 77 |
| 6-14 | Hospitals and Medicare cases in hospitals with positive margins, 2000..... | 78 |
| 6-15 | Distribution of Medicare inpatient margins, 1991–2000..... | 79 |
| 6-16 | Medicare inpatient margin, actual 2000 and simulated to account for current policy..... | 80 |
| 6-17 | Overall Medicare margins, 1996–2000..... | 81 |
| 6-18 | Relationship of inpatient and overall Medicare margins, 1999..... | 82 |
| 6-19 | Overall Medicare margins, by urban and rural location, 1996–2000..... | 83 |
| 6-20 | Overall Medicare margins, by teaching status, 1996–2000..... | 84 |
| 6-21 | Distribution of overall Medicare margins, 1996–2000..... | 85 |
| 6-22 | Hospital total margins, 1991–2000..... | 86 |
| 6-23 | Relationship of overall Medicare and total margins, 1999..... | 87 |
| 6-24 | Total hospital margins, by urban and rural location, 1991–2000..... | 88 |
| 6-25 | Total hospital margins, by teaching status, 1991–2000..... | 89 |
| 6-26 | Hospital payment-to-cost ratios for private payers, 1991–2001..... | 90 |
| 6-27 | Change in hospital cost per adjusted admission, 1991–2001..... | 91 |
| 6-28 | Cumulative change in charges, payments, and costs for hospital patient care services, 1990–2001..... | 92 |
| 6-29 | Uncompensated care costs as a percent of total hospital costs, by teaching status and type of control, 2001..... | 93 |
| | Specialty psychiatric facilities | |
| 6-30 | Inpatient psychiatric facilities, 1992–2002..... | 94 |
| 6-31 | Medicare payments to inpatient psychiatric facilities, 1992–2001..... | 95 |
| 6-32 | Medicare operating margins for psychiatric hospitals and units, 1996–2000..... | 96 |
| | Web links..... | 97 |
| 7 | Ambulatory care | 99 |
| | Physicians | |
| 7-1 | Physician services program spending and payment updates, 1993–2007..... | 101 |
| 7-2 | Physician program spending per beneficiary, 1992–2012..... | 102 |
| 7-3 | Change in the number of physicians furnishing services to beneficiaries, 1995–2001..... | 103 |
| 7-4 | Physician participation rates, 1997–2002..... | 104 |
| 7-5 | Change in per capita use of physician services by beneficiaries in fee-for-service Medicare, by selected type of service, 1999–2002..... | 105 |
| 7-6 | Medicare Economic index input categories, weights, and projected price changes for 2004... | 106 |
| 7-7 | Quarterly changes in professional liability insurance premiums, 1990–2002..... | 107 |

| | |
|---|---|
| Outpatient hospitals and labs | |
| 7-8 | Spending on all hospital outpatient services, 1991–2001..... 108 |
| 7-9 | Medicare FFS beneficiaries receiving hospital outpatient services, 1997–2001..... 109 |
| 7-10 | Providers of hospital outpatient services..... 110 |
| 7-11 | Payments under the Medicare hospital outpatient PPS, by type of service, 2001..... 111 |
| 7-12 | Volume of services under the Medicare hospital outpatient PPS, by type of service, 2001..... 112 |
| 7-13 | Hospital outpatient services with the highest Medicare expenditures, 2001..... 113 |
| 7-14 | Medicare coinsurance rates, by type of hospital outpatient service, 2001..... 114 |
| 7-15 | Medicare hospital outpatient, inpatient, and overall Medicare margins, 1996–2000..... 115 |
| 7-16 | Distribution of hospital outpatient margins, 1996–2000..... 116 |
| Ambulatory surgical centers | |
| 7-17 | Characteristics of Medicare-certified ACSs, 1991 and 1996–2001..... 117 |
| 7-18 | States with the most Medicare-certified ASCs, 2001..... 118 |
| 7-19 | Most common categories of procedures provided to Medicare beneficiaries in ACSs, 2001... 119 |
| 7-20 | Medicare payments for ASC services, 1992–2002..... 120 |
| 7-21 | ASCs and the volume of procedures provided to Medicare beneficiaries in ASCs, 1996–2001..... 121 |
| | Web links..... 122 |
| 8 | Post-acute care..... 123 |
| 8-1 | Post-acute care providers, by setting, 1992–2002..... 125 |
| 8-2 | Medicare spending for post-acute care, by setting, 1992–2001..... 126 |
| Skilled nursing facilities | |
| 8-3 | Medicare spending for skilled nursing facility services, fiscal years 1992–2002..... 127 |
| 8-4 | Medicare skilled nursing facility use, 1996–2001..... 128 |
| 8-5 | Medicare margins for skilled nursing facilities, 1999, 2000, and estimated 2003..... 129 |
| 8-6 | Types of beneficiaries most likely to use skilled nursing facility services, by DRG, 2000..... 130 |
| Home health services | |
| 8-7 | Spending for home health care, 1992–2002..... 131 |
| 8-8 | Medicare home health care use, 1992–2002..... 132 |
| 8-9 | Use of home health care after the PPS..... 133 |
| 8-10 | Freestanding home health agency Medicare margins, by agency group, 2001, and estimated, 2003..... 134 |
| Rehabilitation hospitals and units | |
| Long-term care hospitals | |
| 8-11 | Medicare operating margins for rehabilitation hospitals and units, and for long-term care hospitals, 1996–2000..... 135 |
| | Web links..... 136 |

| | | |
|-----------|---|------------|
| 9 | Other | 137 |
| | Dialysis | |
| 9-1 | Characteristics of providers furnishing dialysis, 1993–2001 | 139 |
| 9-2 | Medicare spending for outpatient dialysis services furnished by freestanding dialysis facilities, 1991–2001 | 140 |
| 9-3 | Capacity to furnish dialysis, 1993–2001 | 141 |
| 9-4 | Number of patients with end-stage renal disease, 1991, 1995, and 2000 | 142 |
| 9-5 | Demographics of hemodialysis patients, 1996–2000 | 143 |
| 9-6 | Payment-to-cost ratios for outpatient dialysis services, adjusted and unadjusted, 1997–2001 | 144 |
| | Hospice | |
| 9-7 | Medicare-certified hospices, 1992–2003 | 145 |
| 9-8 | Medicare beneficiaries entering hospices, by diagnosis, 1992–2000 | 146 |
| | Durable medical equipment | |
| 9-9 | Allowed charges and program payments for durable medical equipment by category, 1999–2001 | 147 |
| 9-10 | Number of durable medical equipment suppliers in the 10 largest metropolitan areas, 2001 | 148 |
| | Web links | 149 |
| 10 | Medicare+Choice | 151 |
| 10-1 | Counties with M+C plans, 2003 | 153 |
| 10-2 | Enrollment in M+C (or risk) plans, 1994–2003 | 154 |
| 10-3 | Medicare beneficiaries' access to M+C plans, 1999–2003 | 155 |
| 10-4 | Counties, by Medicare+Choice payment rates, 2003 | 156 |
| 10-5 | Availability of plans, 2003 | 157 |
| 10-6 | Counties, Medicare beneficiaries, and M+C enrollees by the ratio of M+C payment rates to county Medicare per beneficiary FFS spending in a county, 2003 | 158 |
| | Web links | 159 |
| 11 | Medicare covered and noncovered drugs | 161 |
| 11-1 | Sources of outpatient prescription drug coverage among noninstitutionalized beneficiaries, 2000 | 163 |
| 11-2 | Sources of payment for prescription drugs among noninstitutionalized beneficiaries, 2000 | 164 |
| 11-3 | Prescription drug spending per beneficiary, 2003 | 165 |
| 11-4 | Drug coverage among noninstitutionalized beneficiaries, by beneficiaries' characteristics, 2000 | 166 |
| 11-5 | Medicare spending and annual growth rates for Part B drugs | 167 |
| 11-6 | Top 10 drugs covered by Medicare Part B, by share of expenditures, 2001 | 168 |
| | Web links | 169 |